

# APPLICATION FOR CREDIT

LOAN AMOUNT REQUESTED \$	TO BE REPAYED IN (estimated) MONTHS	REQUESTED PERIODIC PAYMENT \$	PURPOSE OF LOAN AND COLLATERAL OFFERED	<input type="checkbox"/> OPEN END <input type="checkbox"/> CLOSED END
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### TYPE OF ACCOUNT WANTED

MARRIED APPLICANTS may apply for a separate account. A Credit Union may only extend direct credit to member. A joint applicant for credit will be considered a guarantor or co-signer if such person is not a credit union member. **Check the type of credit account you wish to apply for.**

**INDIVIDUAL CREDIT** - You must complete the applicant section about yourself and the other section about your spouse if:  
 You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your Spouse will use the account, or you are relying on your spouse's income as a source of repayment.

**JOINT CREDIT** - If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section.

*If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.*

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant Signature Co-Applicant Signature

### INFORMATION ABOUT PROTECTION FOR YOUR LOANS

Group Credit Insurance is available on loans made to Credit Union members. Insurance is voluntary and not required to obtain credit. If you would like information about Group Credit Insurance, check below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Credit Life Insurance _____ Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Credit Life Insurance _____ Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Disability Insurance _____ Age _____
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The Credit Union will disclose the cost of this Voluntary Insurance to you if you checked Yes. A separate election disclosing the terms and conditions of the Credit Insurance must be signed for the coverage to be effective. If you have attained or are over the ages indicated, you are not eligible for coverage.

### APPLICANT

Complete for secured credit or if you live in a community property state  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	HOW LONG
		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
PREVIOUS ADDRESS(ES) LAST FIVE YEARS		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
EMPLOYEE NO.	HOME PHONE	BUSINESS PHONE	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

### OTHER JOINT APPLICANT CO-SIGNER/GUARANTOR

Complete for secured credit or if you live in a community property state  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	HOW LONG
		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
PREVIOUS ADDRESS(ES) LAST FIVE YEARS		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
EMPLOYEE NO.	HOME PHONE	BUSINESS PHONE	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

### ADDITIONAL INFORMATION ABOUT YOU AND YOUR OTHER APPLICANT'S EMPLOYMENT AND INCOME

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ETS DATE
*You need not reveal income from alimony, child support, or separate maintenance payments unless you want it considered in evaluating this credit application.		
EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME*	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME*	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

### ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS		
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE	<input type="checkbox"/> YES <input type="checkbox"/> NO

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DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE	<input type="checkbox"/> YES <input type="checkbox"/> NO

### REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE
NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE	HOME PHONE
	WORK PHONE

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	WORK PHONE

**OUTSTANDING DEBTS AND OBLIGATIONS—LIST EVERYTHING OWED, USE SEPARATE SHEET IF NEEDED**

CHECK ONE OR MORE	NAME AND ADDRESS OF CREDITOR	ACCT. NO.	PAST DUE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
	HOUSE PAYMENT OR RENT					
	HOUSE PAYMENT OR RENT					
	AUTO LOAN					
	AUTO LOAN					
	DEPARTMENT STORES					
	CHILD SUPPORT					
	CHILD CARE					
	CREDIT CARDS					
	LOAN PAYMENTS					
	MISC. EXPENSES (UTILITIES, TELEPHONE, INSURANCE, ETC.)					

**ATTACH SEPARATE SHEET IF NECESSARY** **TOTALS** \$ \$ \$

- |   |                              |                             |                              |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Have you ever filed a petition for bankruptcy (Personal <input type="checkbox"/> Business <input type="checkbox"/> )? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever filed a petition for Chapter 13 Bankruptcy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any suits pending, judgements filed, alimonys or support awards against you?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had any auto, furniture, or any property repossessed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a party in a lawsuit?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any outstanding judgements?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any income you have shown likely to reduce in the next two years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a co-maker or co-signer on any loan? If so, whom?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**ARE YOU A UNITED STATES CITIZEN?**  
**APPLICANT**  YES  NO  
**OTHER APPLICANT**  YES  NO  
 ... IF NO LIST STATUS

**NAME OF OTHERS OBLIGATED ON LOAN AND NAME OF CREDITOR**  
**IF ANY YES ANSWERS TO QUESTIONS, EXPLAIN ON SEPARATE SHEET**

It is the Credit Union's policy to not discriminate against any applicant with respect to race, color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. In addition, it is our policy not to discriminate based on familial status or a handicap in the extension of credit for housing. It is the Credit Union's intent to comply with all consumer credit protection statutes and regulations.

**YOU AGREE THAT EVERYTHING STATED IN THIS APPLICATION WHETHER ORAL, WRITTEN, OR THROUGH A FAX MACHINE IS CORRECT TO THE BEST OF YOUR KNOWLEDGE. THE CREDIT UNION IS AUTHORIZED TO INVESTIGATE YOUR CREDIT-WORTHINESS, EMPLOYMENT HISTORY, AND TO OBTAIN A CREDIT REPORT AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH YOU. YOU UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN YOUR APPLICATION MAY CAUSE ANY LOAN OR EXTENSION TO BE IN DEFAULT. YOU UNDERSTAND THAT 18 U.S.C. §1014 MAKES IT A FEDERAL CRIME TO KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.**

The USA Patriot Act requires that we verify the identity of all account holders. We may ask you or your co-applicant to show proof of your identity.

<b>APPLICANT SIGNATURE</b>	DATE	<b>OTHER APPLICANT SIGNATURE</b>	DATE
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**CREDIT COMMITTEE/LOAN OFFICER ACTION**

**Loan Officer:**  
 Approved.  Referred to C.C. Reason \_\_\_\_\_  
 LO signature \_\_\_\_\_  
 Credit Committee: Date \_\_\_\_\_  
 Approved.  Rejected. Specific reason(s) for rejection \_\_\_\_\_  
 Outside information considered  No  Yes (describe) \_\_\_\_\_  
 Line of Credit Limit \$ \_\_\_\_\_  
 Conditions, if any: \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Signed \_\_\_\_\_  
 ECOA notice and Reason for Rejection sent or delivered on \_\_\_\_\_  
 Signed \_\_\_\_\_